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	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11		
	SANTA FE			
	FILE /-		AND Effective 1-1-65	
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
	011		0	RECEIVED
	TRANSPORTER GAS		P	
	OPERATOR /		•	JUL 1 4 1995
I.	PRORATION OFFICE			
				0. C. C.
	Cities Service			ARTESIA, OFFICE
	Box 69 - Hobbs, New Newl co			
	Reason(s) for filing (Check proper bo)	() Change in Transporter of:	Other (Please explain)	me from Carper-Tallmadge
	Recompletion	Oil Dry Ga		limadge "A" No. 1
	Change in Ownership	Casinghead Gas Conden		
	If change of ownership give name and address of previous owner	Carper prilling Co., 1	ma., Artesla, New Mexic	
**	DESCRIPTION OF WELL AND	I FAGE		
	DESCRIPTION OF WELL AND Lease Name		me, Including Formation	Kind of Lease
	Tellmedee "A"	1 100	e xills, grayburg S.A.	State, PLOIDCOL State
	Location			
	Unit Letter;3	30Feet From TheNorthLin	e and Feet From	The East
	Line of Section 16 , To	wnship 18-2 Range 1	9-E , NMPM, Eddy	County
		Tungo Tungo		
II.		TER OF OIL AND NATURAL GA	IS	
	Name of Authorized Transporter of Ci	1 or Condensate		oved copy of this form is to be sent)
	Texas-New Mexic Name of Authorized Transporter of Co	o Pipo Lino Company isinghead Gas gian or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)
			214 Carper Bu	Ilding - Artesia, New Mex.
	Valley 600 Co. If well produces oil or liquids,	Unit Sec. Twp. Ege.		hen
	give location of tanks.	C 16 18-5 29-E	Yes	
		ith that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA	Oil Well Gas Well	New Weil Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completi	on – (X)		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u> </u>			
v .	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-			
	T Z K K J VY K JAJAJ		th or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
	l			
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
		<u> </u>		
VI.	. CERTIFICATE OF COMPLIANCE			
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19	
	Commission have been complied	with and that the information given	I mt and	7016
	above is true and complete to the	he best of my knowledge and belief.		
			TITLE	HARLAND A DIS
	(Signature) District Clork (Title) July 1, 1965			n compliance with RULE 1104.
			If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner,	
	(1	Date)	well name or number, or transpo	orter, or other such change of condition. ust be filed for each pool in multiply
			completed wells.	as be med for each poor in manipiy